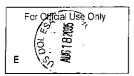
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or divil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 10058

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

01 / 01 / 04 Through: 12 / 31 / 04

4. Name, file number, and address of labor organization.

Name JAMES E. KORBA	Name MINY DRIVERS + DENNERS PENSION FUND Labor Organization File Number 02/374				
P.O. Box, Bldg., Room No., if any	F.O. Box, Building and Room Number, if any 50175 = 114				
Street 2437 N. LONG ALE	Street 188 INDUSTAIRK DRIVE				
City CHICAGO	City Ehm HUAST				
State Thhinois ZIP Code + 4 60639	State Ish incis ZIP Code + 4 60126				
5. Position in labor organization.					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					

Signature

ZIP Coce + 4

15. Signature and vertication. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct_and complete. (See the section on penalties in the instructions.)

Signe

Street

City

State

On Z

7.b. Amount.

<u>/13/05</u>

1-773-620-6541

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

of an employer whose employees (2) any part of which consists of bi	of buying from, selling or leasing to, o your labor organization represents of uying from or selling or leasing direct on or with a trust in which your labor of	r is actively seeking to represent, of ly or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any:		a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any Street		c. Employer
City		
State	ZIP Code + 4	
10. If 9.b. or 9.c. is checked give to	rust or employer's name.	11.a. Nature of such dealing.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		11.b. Approximate dollar value of such dealing.
City		12.a. Nature of interest held or income received.
State	ZIP Ccde + 4	
		12.b. Amount.
	er (other than an employer covere tant to an employer any payment of	,
13.a. Name and address of Employ (including trade name, if any). Name MINT DAWERS Trade Name, if any:	er or Labor Relations Consultant	14.a. Nature of payment. AEIM BURSMENT FOR LOST WAGES FOR ATTENDANCE AT PENSION BOARD MEETINGS.
P.O. Box, Bldg., Room No., if any	5111TE # 114	MENSION BUHMAN PURCET

13.b. s the Business an Employer

ELM HURST

or Consultant

P.O. Box, Bldg., Room No., if any SUITE #114

Street 188 INDUSTRIAN DRIVE

Ilkinois ZIP Code +4 60/76

14.b. Amount of payment

\$1060,00

City

State

B. Held an interest in or derived income or economic banefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

C. Received from any employer (other than an employer covered under parts A and B above)

8. Name and address of Business (including trade name of any). 9. Business deals with: Name M a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Coce + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Coce + 4 State 12.b. Amount.

or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment, 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). REIMAURSMENT FOR ATTENDANCE Name MILK ORIVERS SOCIALERS PENSOD TOWN AT INTERVIATIONAL FOUNDATION BENEFIT CONFERENCE Trade Name, if any: 6-11-04 to 6-17-04 EXPENSES - \$2042.00 RECISTRATION FRE - 855.00 P.O. Box, Bldg., Room No., if any 50176 #114 188 INDUSTAIRS DRIVE Street ELM HURST City IKINO15 ZIP Cod= +4 60/26 State 14 b. Amount of payment. #2897.00 13.b. Is the Business an Employer or Cor sultant

Name of Person Filing JAM-5 E. Kori	9,2	File Number U-	
B. Held an interest in or derived income or economic penefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name IFILGIAN ASSET IM, AND BEE MENT. Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE GOO Street IDSO W. NOAT, WWEST HERWING. City PALATINE	a. Labor Organizat b. Trust	ien	
State Ihhinois ZIP Ocde + 4 60067 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Mihr Onivers + ROLANGER'S ASSISTANTIAL Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 114 Street 188 INDUSTRIAL DRIVE City Ehmhurst State Ihhinois ZIP Ocde + 4 60176	11 a. Nature of such dealing. COOKIES AND BROWNIES ABCLINED NUMBER Hohlory SERSON OF BOOK 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:		# 200, 00 0,00	
P.O. Box, Bldg., Room No., if any Street			
City	1		

14.p. Amount of payment.

13.b. is the Business an Employer

State

ZIP Code + 4

or Consultant

?

Name of Person Filing JAMES E. KORBA	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your abor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	enwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise		
8. Name and address of Business (including trade name, it any).	9. Business deals with		
Name MARCO CONSULTING GROUP	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any Street 550 Lel. Masnington Bu	c. Employer		
City QHICAGO			
State Thinois ZIP Odde + 4 60661-25	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name MIAN DAWERS & DEALERS PERSION FOR			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any SUITE 1/4			
Street 188 INDUSTRIAL DRIVE City EhMHVR3T	11.b. Approximate dollar value of such dealing. ### 100.00 12.a. Nature of interest held or income received.		
State 164/10/015 ZIP Code + 4 60/76	ConsultAnt.		
	12.b. Amount. #30,000, C		
C. Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mor	nder parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street			
City			
State ZIP Code + 4			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		